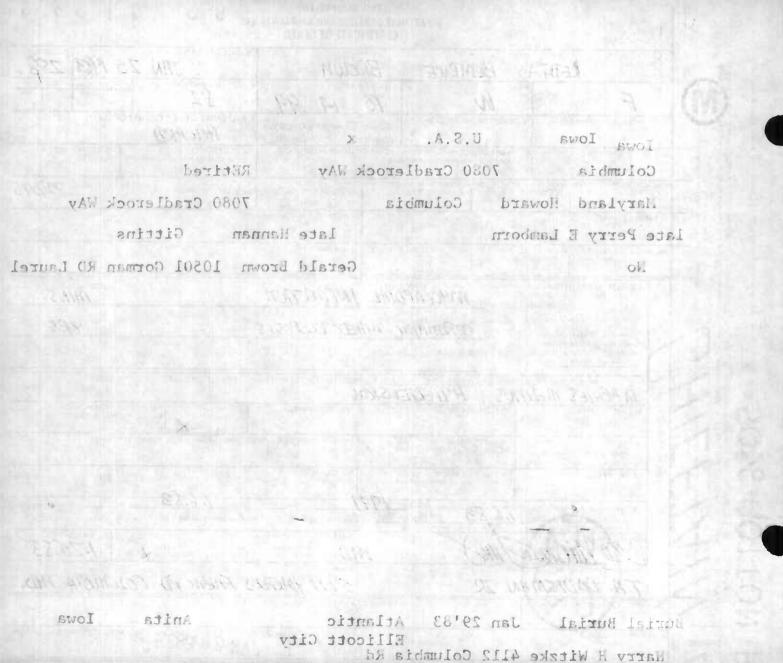
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	Time and	1. DE	CEASED NAME	FIRST		MIDD		VER 3	LAST	TAIL O	T		REG. NO.	NTH DAY	YEAR	Zb. HOUR
2	% % % F,	(TY	PE OR PRINT)	Elias		A		R	own			OF ES DEATH MA		27	183	
4	PLEAS ECTOR FILES HOUR STREET	3 SE	X 4. RAC		DATE OF BIRT	ГН	6. AGE (INY	EARS IF UN	DER 1 YR.	IF UNDER 2		2c. DATE	MÓN	ITH DAY		74210UR
1	L DIRECTOR VOUR FILES 72 HOUR ON STREET		Male Bla	ck I	Nov. 26		38 44	(RS.	DAYS	HOURS	MIN.	PRONOUNCED DEAD	1	27	19 83	A M
	88		IRTHPLACE (STATE OR		76. CITIZEN OF			8. MARRI	ED XXIEV	VER MARRIE	рП	9. BALTIMORE	CITY OR CO	UNTY OF	DEATH	
		N	ew York		USA			WIDOW		DIVORCE			d Coun			MD
	建为是	10. C	Columbia	ATH			NURSING HOME		ER INSTITUT	TION		JAL OCCUPATION MOST OF WORKING			OR INDUSTR	
	N P P P	TISII	Columbia AL RESIDENCE (IF IN NO.	IPSING HOME OR							Md	se Magr		J.	C.Pen	ny
21201	AND AND STATE OF STAT	13a. S	STATE	Howa:	f	13c.	city or town	SION)	13d. INSIDE CI		13e STRE	EET ADDRESS	alean D	1	2404	-
D. 2	3. REAL REFA		ryland ATHER'S NAME	nowa.	T.U		DIGNIDIA			NO .		021 Fli	CKET P.	race,	2104	.5
×	PS STA		Eli	A:	rthur		Brown		FI	ucille		MIDDLE		McCoy	LAST	
MOM	F PAGE FORM SES 1 AN		WAS DECEASED EVER	IN U.S. ARMI	ED FORCES?	16b.	SOCIAL SECURI	TY NO.	17. INFORM			mbia, M				
W. PRESTON ST., BALTIMORE, MD.	URS AFTER DE B. GIVE PAGE WITH FORM I IT. PAGES I AN DIVISION OF		YES, NO, OR UNKNOWN)	Kores			076-28-	8704	Mrs.			. Brown			ker P	lace
	NURS AF		18 CAUSE OF DEAT PART I DEATH W	H (Enter anly	ane cause per l	ine far (a), (b), and (c).)				,	D.:			APPROXIMATE TWEEN ONSET	
SNO	24 HO ITEM 1 CONG PERM SIENE VAL.		11 a a	IMMEDIATE	CAUSE (a)		ioscler		cardio	vascu	lar	טוsease				
EST	D WITHIN 24 HOUR PENCIL IN 11EM 1B. (A MAINER ALONG WI TRANSIT PERMIT. ENTAL HYGIENE, DI OR REMOVAL.		Canditions if	any, which	DUE TO, O	OR AS A	CONSEQUENCE	OF								
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201	UTED WITH! IN PENCIL EXAMINER IAL - TRANS		lying cause last.		(2)	OK AS A	CONSEGUENCE	O,						- 1		
RECORDS, 201	HOULD BE EXECUTED WITH RD "PENDING" IN PENCIL HIEF MEDICAL EXAMINER DED AS A BURIAL TRAN OF HEATH AND MENTAL IRIAL, CREMATION, OR RE		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	INTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TER	MINAL OISEASI	OR CONDITION	GIVEN IN PART	1 (a).					
0	D BE EXEC ENDING MEDICAL AS A BU EALTH AN CREMAT	NO														
2	SED AL,	CAT	19a. DATE OF OPERA	ATION	19b. CON	DITION	OR WHICH OPE	RATION W	AS PERFOR	MED?				20	AUTOPSY?	U
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	EXAMINER CERTIFICAT OULD BE FOR DIRECTOR: A WITH THE MARYLAND		22a I certify that death resulted from	/	causes X.	Accid		uicide	. Hamic	Inspection	LIndet	Inquiry L		y apinian		
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		. (URIAL, CREMATION, F SPECIFY) BMation		1/31/83	4	NAME OF CE				CITY	OCATION OR TOWN	11- 6	COUNTY	ST/	ATE
	· BP		UNERAL DIRECTOR			0116	Road, C					atonsvi REGISTRAR 2		S SIGNA	Juar	yrand
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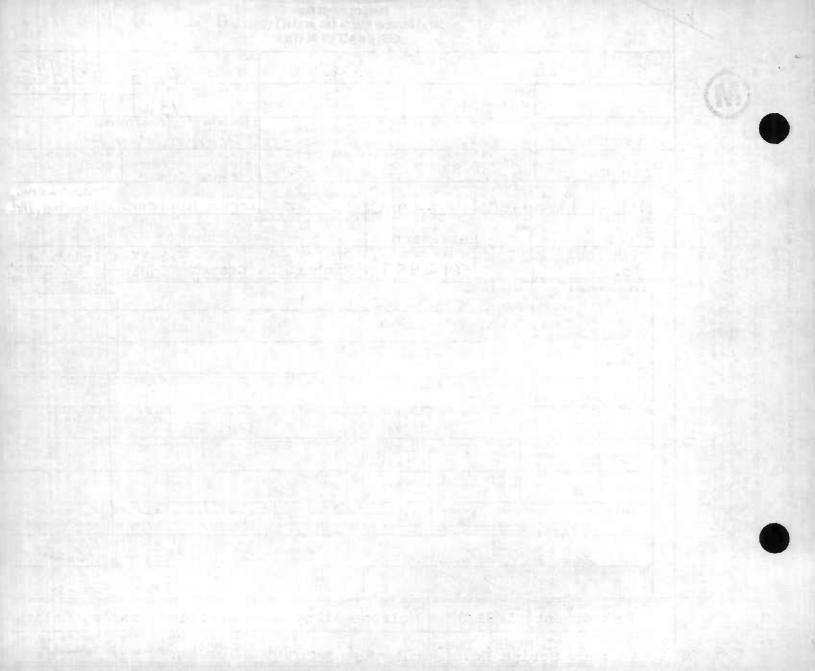
Harry H Witzke 4112 Columbia Rd

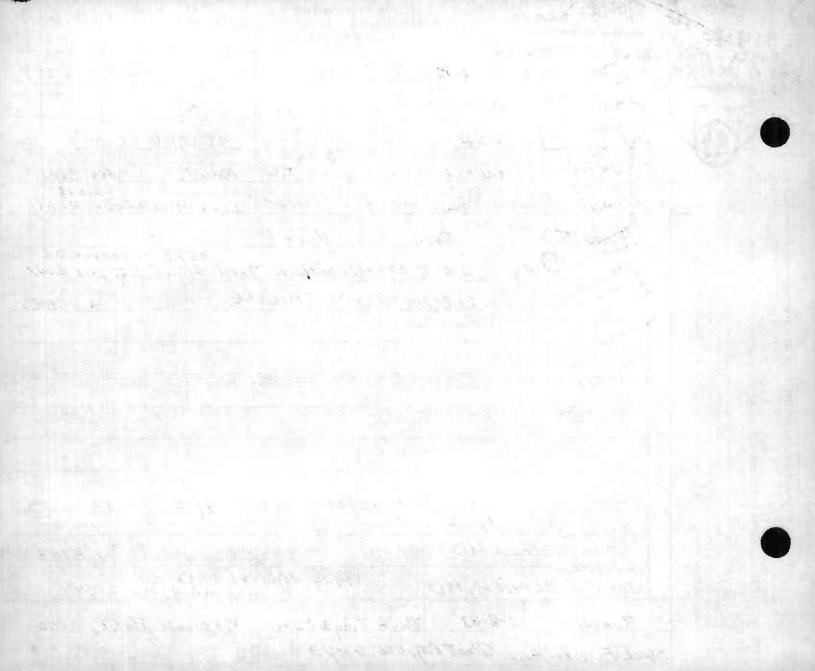
(VRA 15, 4)



7601 Sandy Spring Rd. Laurel, Md. 2070 AN

(VR A 15 (4))





1	15	FOR			D.D.I.D.V.		E OF MARYLAND	8 3	0	1 8	8 1
	1.	STATE			DEPART		IEALTH AND MENTAL HYG	IENE O			
A	1.05	REGISTRAR			A URING S			REG. NO	_	18.97	
		CEASED NAME ORPRINT)	FIRST	Emilia"	L.	-	Evarson	20. DATE OF DEATH	MONTH DAY		26 HOUR
		KMi.	LIE			FU	PrscN		01 15	83	PM
	3. SE)	(4 RACE		5. DATE (6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
		Female			nite	o 9	DAY YEAR 21 1881	101	YRS	NTHS DAYS	HOURS MIN
31		RTHPLACE (STATE OR FOR			WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
56		Wiscons		U.S.A	1.	WIDOW	DIVORCED [HOWAR	D Cou	unty	MD.
01	10 CI	TY OR TOWN OF DEAT	тн		OSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		12b. KIND OI	F BUSINESS OR
XI	(0	lumbia		HOWAI	. /٧		en, Hospi	Homemaker	r working tire)		n Home
	USUA	AL RESIDENCE (IF NURSIN	NG HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)				001	TIOMO
26			13b COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
1		aryland	How	ard	Columbia	1	YES NO X	Cedar Val	Ley Apt	S.	21044
2 %	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM FIRST	WIGGE		LAST	
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- 1		underlying couse	lost.	1	ONGES		Heart FA	PILURE		117	25,
4		PART 2 OTHER SIGN	IFIC ANT C	(6)			NOT RELATED TO THE TERM		DITION GIVEN	IN PART 1/a	
	N	MITE	4	STEN				THE BROWN TO BE ON CONTRACT			
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7	FIC.	THE DATE OF OTERATION		170 CONDI	HONTOK WITHER	OFERATIO	TO ASTERIOR MED		IN CERTIFYII	NG CAUSES	OF DEATH?
har	RT							YES NO	YES		NO 🗆
Cá		210. ACCIDENT WAS UNDE		21b. TIME OF		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	1 OR PART 2)	
/	CAL	(IF EITHER, NOTIFY MEDICAL		P.A		19					
	MEDICAL	21d. INJURY OCCURRE	ED	21e PLACE C			21f. LOCATION STREET	CITY OR TOW		COUNTY	
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		22a certify that (1) (with make and and the	dornard from	-	19 77	. 01 /	15 10	R3	sheet also for and have
		sow the deceased		01/1	19.0	73 .	nd that in (my) (our) opinion o	_, 10	, 19	and form that	that (I) (we) led
		obove, (I) (we) (di	d) (did no	t) view the body i				acom occurred on the oc	one one moon o	-	
		226. SIGNATURE	2	. , -	, ,	10	DEGREE ATTENDING	MEDICAL STAI	-	22c. DATE	SIGNED
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1		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			220 ADDRESS GCS 1 L	BALT. IVAT.	L. Pil	KE	
		B. H. NI	iNe	hew			Ellico	It City	Mol.	2104	?
7	23c P	URIAL, CREMATION, R	EMOVAL	23b. DATE	1 22. (NAME OF C	EMETERY OR CREMATORY	123d LOCATION	7,0	7 .	
	(5	SPECIFY)	LMOVAL					CITY OR TOWN		YTAUC	STATE
		remation		1/19			w Crematory	Westvia		2 C	Md
1	24. FU	NAME LETOY	M. 8	Russel	1 Coodit	zka F	uneral Homes	1 17 109	ZOTE WEG IS I RA	K SHOWING	JKE
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Harry H Witzke 4112 ColumbiaR Ellicott City

FOR

(VRA 15, 4)

STATE OF MARYLAND

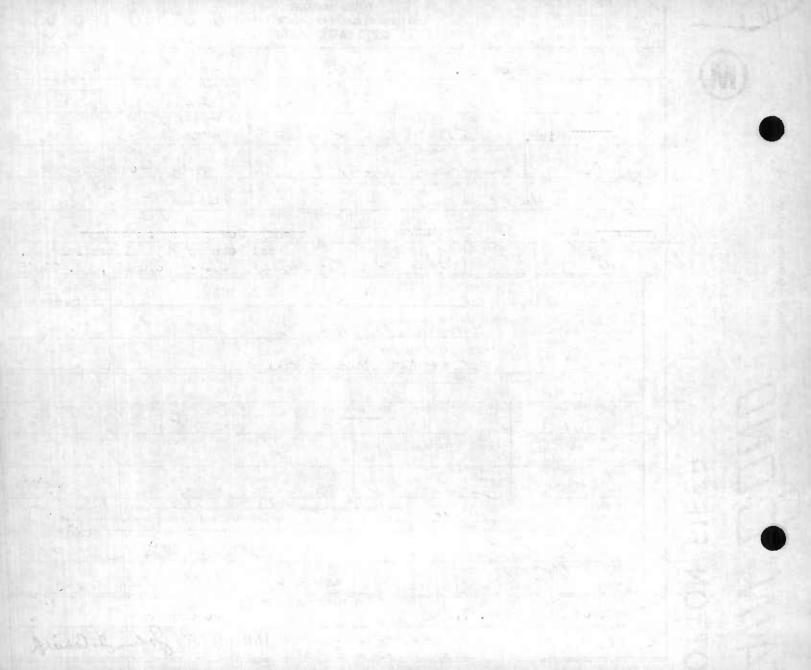
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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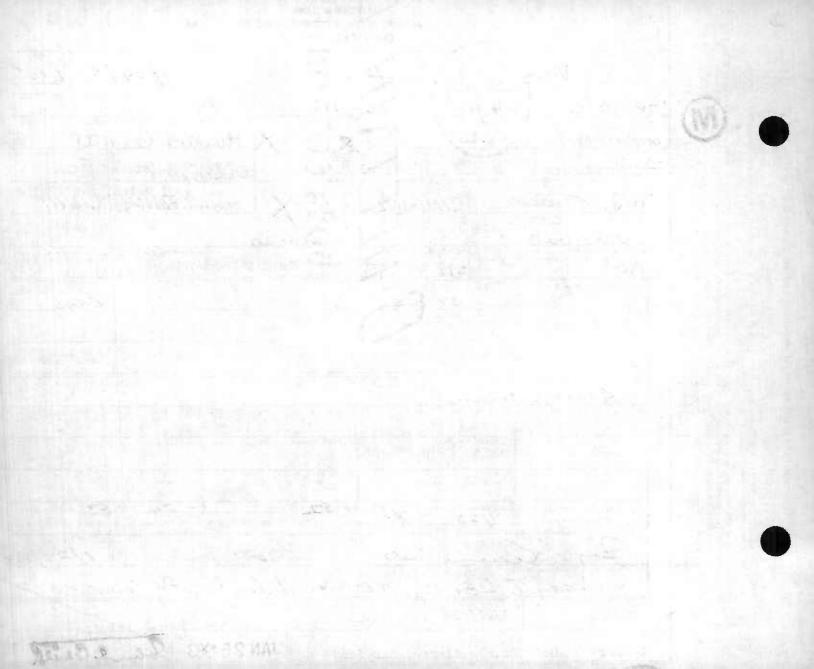
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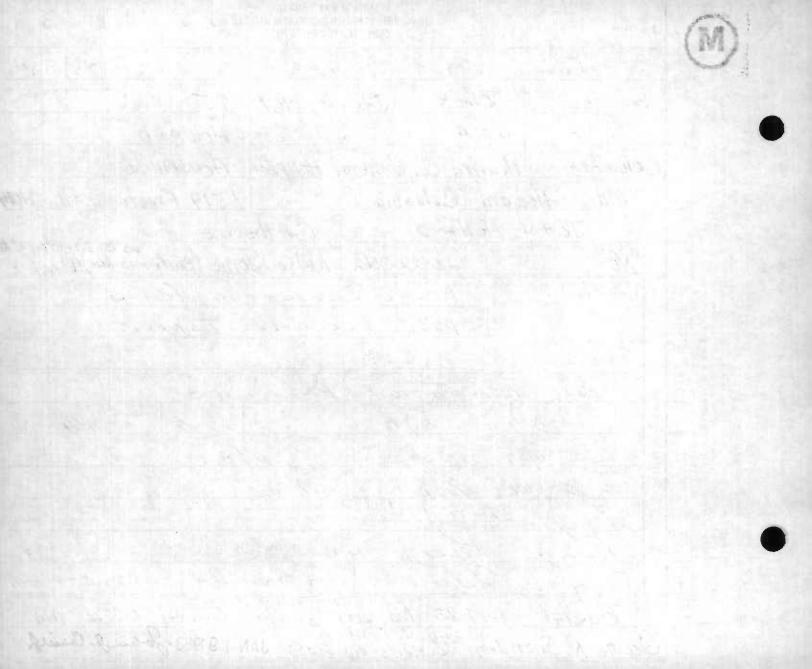
	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 8 3	0 1 8 8 4
(MA)	1 DE	CEASED NAME FIRST	rence D.		Hoy+	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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uneral din 172 hau		IRTHPLACE ISTATE OR FOREIGN COUNTRY) VJA Miss.	76 CITIZEN OF WHAT COUL	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	C / V
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filled in hould be	13α		ROTHER INSTITUTION, GIVE RESIDENCE NITY 130 CITY OF Colone	RTOWN	13d INSIDE CHTY LIMITS? YES NO	13e STREET ADDRESS 9230 Winter	Fields In Colombia my
ompletely ond 2 s	7	ATHER'S NAME FIRST JOSH		ham	15 MOTHER'S MAIDEN NAM	Josh	NKNOWN R. Durilian
S. Pages		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES)	26 - 9469	17 INFORMANT Fred	Roscher Chart C	50 Winterfield Rd. olumbia, Md. 2104
signed by the attending physic hen please remove carban pape to burial, cremation, or remaval ijury, ar ather traumatic event, t	z	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) HIRPOSCO	sequence of the sequence of the sequence of the sequence of	hock y tantion with Disease NOT RELATED TO THE TERM	INAL DISEASE OR CONE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 12 401. 3 6 65.
permit T rene prior t ows ony in	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
the burial transiand Mental Hyg	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE, (IF EITHER, NOTIFY MEDICAL EXAMINER: 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ATH HOUR A.M. MONTH	19	211. LOCATION STREET	ED (ENTER NATURE OF INJUR	
RECTOR: Afted for use a spt of Health lem 21 is man		220. I certify that (1) (this hasp sow the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE	11. 16 31		, 19 FJ and that in (my) (aur) apinian a	to, to	, 19 £ J , that (I) (we) ite and haur and from the causes stated
to FUNERAL DIRECTOR Should be detached for use with the State Dept of H MAPORTANT: If them 21 is		22d PHYSICIAN'S NAME (TYPE C	Charle m	0	ATTENDING PHYSICIAN P 22e ADDRESS 9380 Balto, Not	MEDICAL STAF	F /11/63
should with the Pool of the Po	230	BURIAL, CREMATION, REMOVAL Removal		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COOpersb	COUNTY STATE
- 16 60M 1/75 : A 15 (4))	24 F	UNERAL DIRECTOR	KWA6 35/10	FREden	rick Aug 250. DATE	N 1 9 1983	Shregistrar's Signature.



1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 3	0 1 8 8
	PECEASED NAME FIRST	WIDDLE	(AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	Viole		HOOVEN	11 42	1/24/83 Z:05
3 5	EX CO O La	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DATS HOURS A
1 100	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	05-21-93	89	YRS.
13,	COUNTRY Virginia	U.S.A.	MARRIED NEVER MARRIED	X Howard	County OF DEATH
1	CITY OR TOWN OF DEATH COLUMBIA KAZHEK XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Howard Co.	ING HOME OF OTHER INSTITUTION ET ADDRESS) General Hospital	120 USUAL OCCUPATI	ON 126 KINDOF BUSINES: INDUSTRY ed Nurse
35	mal residence in white the course	100 511 100 110	WN 134 INSIDE CITY LIMIT	18/14/1/8	1 Balto, Nat'l Pi
60	FATHERS NAME CATT	oll Mt Aire	" - "	NAME	21701
2 60	(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 578-34		ADDRE	8928 Satyr Hill F
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	5-505	UENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
NOI	1	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	terminal disease or con	DITION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	CURRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2}
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TO	WN COUNTY STA
	saw the deceased alive on	tal) attended the deceased from 23 19.	63		that (I) (we are and hour ond Iram the causes state
	The Signature /x	Lewis 5		IG MEDICAL STAF	22c. DATE SIGNED
7	22d PHYSICIAN'S NAME (TYPEO	I LEYINE	, NO 10802 H	ckory Riely K	Pel, Columbia, Mo
230.	BURIAL, CREMATION, REMOVAL	23b. DATE 1/27/83	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION CITY OR TOWN Baltime	county stat
24	Leonard T Ruck	Inc. Baltimore	250	JAN 25 1983	2. 9.6.00



0		1	STATE OF MARYLAND	
8		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 0 8	0
	NA I	, ,	REGISTRAR CERTIFICATE OF DEATH REG. NO	310
			CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	
		(TYPE	FANNIE M JONES 1 12 83 8P	AA
	pag pag	3 SE		IRS.
	age 4 r rector, urs afte	_	Famale Black Dec. 3, 1907 75 VRS MONTHS DAYS HOURS ME	N
	erol di		SIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED HOWARD HOWARD	MD
	er de	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 126 KIND OF BUSINESS.	OR
201	by the filed v	C	DlumBIA HOWARD CO, GENEVAL HOSPITAL TYPE OF MORKING LIFE INDUSTRY	
ND 21	filled in avid be	130 5	STATE Md. Howard Columbia yes \ NO \ 130 OTY ON NO A COLUMN RALE OF THE PROPERTY OF TOWN AND THE PROPERTY OF THE	1044
YLA	thin 2 sho	14 FA	ATHER S NAME IS MOTHER'S MAIDEN NAME	-//
MARYLAND	ampletely and 2 sh		FIRST JOHN HOLLE HOLLAND CA Therine MIDDLE?	
BALTIMORE,	e execui	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 6545 FYESTOWN (1955, NO SUNKNOWN) (18 YES, GIVE WAR OR DATES) 216-22-3562 Nelson Jones (Brother in Lew) Columbia	UA
AL I	rs.P.			1
. 7	ificate physic physic pape		18 CAUSE OF DEATH (Enter only one cause per line for to, (b), and ic PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PORY FAIL UPS APPROXIMATE PORT PORT PORT PORT PORT PORT PORT PORT	TH
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PRESTON	deatl atten ave c fran, aumc		Conditions, if any, which Conditions, if any, which Conditions of the impediate of the im	
W. PR	the remo		couse to i, stating the Due to or as a consequence of	
201 V	that it d by t lease ral, cre ar othe		, [c]	
	signers signer place pla	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
OR	ë ∈	TIO	POSS ASPIRATIONS PNEUMONIA 190 DATE OF OPERATION, 196 CONDITION FOR WHICH, OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED	
DIVISION OF VITAL RECORDS,	has bee permit.	CERTIFICATION	IN CERTIFYING CAUSES OF DEATH?	
ITAI		ERT	YES NOW YES YES YES ZANO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
) F	in physicic physicic certificate rial-transit ental Hygie litem 18 sho	-	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
NO	ding ding	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMPLE) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION	_
VISI	IG PHY attendi	W	WHEE AT WORLD AND WHILE OF THEET, FARM, ETC.] STREET, CITY OR TOWN COUNTY STATE	
ō	Or Africality main		270.1 certify that the the hospital oftended the decesed from 11/80 19 00 to AN 12 19 05 that (f) (we)	lost
	OR ATTEN re haspital DIRECTOR ached for u Dept. of He		aw the december of the date and hour and from the causes stated and hour and from the causes are also and the causes are also also are also and the causes are also also and the causes are also also also also also also also also	1
	OR A DIREC DOREC Dept.		226. SIGNA URE DEGREE 221. DATE SIGNED	
	Al C The Al D derocate D		Leise M. D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1/13/83)	
	HOSPITAL ined by th FUNERAL wid be dete h the State ORTANT:		27d. PHYSICIAN'S NAME (TYPE OR PRINT)	
	TO HOSPITAL (retained by the TO FUNERAL (should be FALL (with the State (MPORTANT: If		RANDY L. KELSE 3459 St VOHNILA KLLICOTI CITY, M.	0
	BP	23a B	BURIAL CREMATION, REMOVAL 236. DATE 11, NAME OF GEMETERY OF CREMATORY 236. LOCATION CHYORTOWN / COUNTY WELL (SPECIFY) BURIAL CREMATORY 236. LOCATION CHYORTOWN / COUNTY WELL C	
	DHMH - 16 60M 1/75	24 Ex	ONERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 JEGISTRAR'S SIGNATURE	
	(VR A 15 (4))	6	seerge R. Snowden Rockville, MD 20850 JAN 191983 John & County	



Band Day of species of Edition of the State of the Law Hammer Comment to the service of the

(VRA 15, 4) 1/79

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Tallie Lone

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of Europe

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TORO Crafferock was

executed within 24 hours after death. Page 4 may be

completely filled in by the

injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF D	EATH	REG.	NO.				
1	1. DECEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
ı	WILL	ГАМ	Α.	KT	BY			01	19	83	100	PM
1	3. SEX	4 RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)		DER I YEAR	IF UNDER	2 - 11110
d	MALE	WHIT	F	1 1	01	VEAR 03	7	0	MONTH	S DAYS	HOURS	MIN.
g	To. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	R	01	0.5	9 BALTIMORE CITY	1.15		FATH		
	COUNTRY)				NEVER A	AARRIED -				LAIII		
1	MARYLAND	U.S.		WIDOWE		VORCED	HOWAR					MD
	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OCCUPA			b. KIND O	F BUSINE	SSOR
Į.	ELKRIDGE		MELROSE		IE		MACHINIS'			BETHI	EHEM	1
	USUAL RESIDENCE LIF NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)						STEEI	COR	P
2	13a. STATE 13b CO		13c. CITY OR TOWN		13d. INSIDE C		13e STREET ADDRES					
	MARYLAND HO	DWARD	ELKRIDGE	5	YES [MAIDEN NAM	6860 MEL	KUSE A	AVEN	UE, Z	1221	
	FIRST	MIDDLE	LAST			ERST	WIDDLE			LAS	T	
À	RICHARD	S.	KIRBY		A	NNA	K.			NEAI		
	160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADI	RESS				
1	(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES)	213-07-9	1800	CARRT	E M. KI	RRV 6860	MELR	OSE	AVENI	IE 21	227
3					_ Oznaci	D II. KI	KD1 0000	THE	T		MATE INTER	
ı	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		line for (o), (b)	0 (0).)	-		14		-	1 / 1	INSET AND	DEATH
1	IMMEDI	ATE CAUSE (a)		-av	TWI	mh.	marce	h	-	10/8	2-	110
1	1519	DUE TO, O	R AS A CONSEQUE	NCE OF .								1
	Conditions, if any, which	((b)_					arcellor &					
J	gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF				1000			- 1335	
1	underlying cause last.	100000	R AS A CONSLOCE	1402 01								
1	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONITRIBUTING TO F	VEATH BUIT	NOT BELATED	TO THE TERM	INIAL DISEASE OR CO	MOUTION	CIVENIAN	LDADT L		
1		4		ZEATH BOT	NOT KELATED	TO THE TERM	IIVAL DISEASE OR CC	NOI ION	GIA EIA IIA	I PART TIE	,	
4	190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1	ITION FOR WHICH	ORERATIO	LIMAS PERSO	DIAFD	120 AUTODEV2	1204 IF	VEC W/FI	RE FINDIN	10011000	
2	190. DATE OF OPERATION	196 CONDI				1	20a AUTOPSY?			CAUSES		
	E 11/11/87	17west	germble Co	er com	mrs	milu	YES NO		YES		NO [
7	210. ACCIDENT WAS UNDERLYING	110110	FINJURY M. MONTH DA	V VEAD	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM	18 PART I C	OR PART 2)		
	OR CONTRIBUTING CAUSE OF E	ZEATH		19 19								
	OR CONTRIBUTING CAUSE OF E	21e. PLACE		17	211 LOCATIO	N						
ı			REET FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR	TOWN	C	YINUO	5	TATE
1	AT WORK				1		1	1				
	22a.1 certify that (I) (three-box	. 11 -	e deceased from_	111	0115	. 19	, 10	1133	. 19		that (1) (w	.,
1	saw the deceased alive obove, (1) (we) (did	not view the body	ofter death	. 01	d that in (my)	(out) opinion o	death occurred on the	date and I	hour and	from the	couses sta	ited
1	721 SIBNIATURE		A 4		DEGREE					224 DATE	SIONED	1
	V/X/M/mas	mil	INT	how		TTENDING PHYSICIAN	MEDICAL S'	AFF		1/2	018	73
	22d, PHYSICIAN'S NAME (TYP	E OR PRINT)	THE STATE OF THE S	-	22. ADDRES		J DIKECTOK [] PHT	JIC IAIN [1	16	1
					1102.2			1000				
4	B. MARTIN M	IDDLETON	M.D.		3350	WILKE!	NS AVENUE,	2122	9			
	236 BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c N	NAME OF C	EMETERY OR O	REMATORY	23d. LOCATION		COL	INTY	9	TATE
	BURIAL	01-22	2-83 M	EADOW	RIDGE 1	MEM. PK			WARI) MA	RYLA	ND

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar ta burial, cr

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR

HOWARD MARYLAND

21229 ADDRESS INC.

4107 WILKENS AVE

250. DATE REC'D. BY REGISTRAR 1/6. REGISTRAR S STATUR

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		Louis A D		- 5
A CONTRACTOR OF THE CONTRACTOR	ROLGER O. DZ		Fred L	
CHANCE HILLIAM ST. AND SERVICES	CITE OF	Safe but were seen	of the control of	

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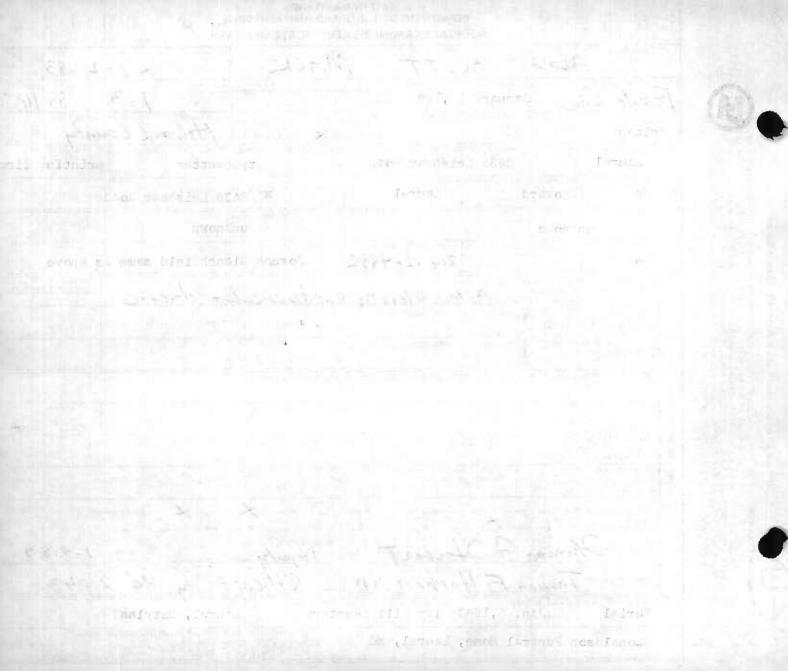
4	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	GIENE 8 3	0	1	3 9 0
	{TYPE		Nzish	MIDDLE	KN	ies		20. DATE OF DEATH	MONTH DA	83	16 HOUR
1		FEMALE	4 RACE WHITI		S. DATE C	H 1,	1884	6. AGE (IN YEARS LAST BIR	YRS.	FUNDER I YEAR	IF UNDER 24 HRS
77	A	STATE OF FOREIGN USTRIA	AUSTR:		MARRIE WIDOWE	DAY DIVI	ARRIED	9. BALTIMORE CITY C	OUNTY		MD
00		LUMBIA	(IE NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET UEEN MARI	ADDRESS)	OR OTHER INSTI	TUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TEACHER	ION OF WORKING LIFE)	126. KIND C	SCHOOL
35	3a. S	RYLAND HOW	UNTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13. SIREEI ADDRESS 8965 QUEE	N MARI	A CT.	21045
30		THER'S NAME FIRST JOHANN	MIDDLE	STASTNY			Unkno	MIDDLE	FCC	LAS	ş T
1		(IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECU	IRITY NO.	MRS.		RG THEIMER	The Water St.	AS #	13
	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	(b) DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED T	TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEI	N IN PART 10	0,
2	CERTIFICATION	90. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	206 AUTOPSY?		WERE FINDING CAUSES	
V/2 1	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED NOT WHILE NOT WHILE	DEATH HOUR A	DE INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	211. LOCATION STREET		RED (ENTER NATURE OF INJU		COUNTY	STATE
		AT WORK	on NOT /	982 19	, 00	and that in (my) H	. 19 	, to 1983 death occurred on the d	ote and hour	and from the	that (I) (will lost couses stated
1		TA DADIS	man o	R MD	K	220 ADDRESS	TO ICIAI	MEDICAL STA DIRECTOR PHYSICAL		1.3	2,83 a MD
2	C	URIAL, CREMATION, REMOVA PREMATION	1/3/	83 WE	STVIE	W MEMOR	IAL PA			COUNTY	MD. STATE
2 2	555	NERALD REERBY M. S TWIN KNOLLS	& RUSSEL RD., CO	L C. WITZ LUMBIA, M	KE FU	NERAL H 210	OMES DAT 4\$AN	3 1983	Pau	2. Com	URE

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ure - transmissour exert ext.	Trimuna I. A MAGN	MALYMAN
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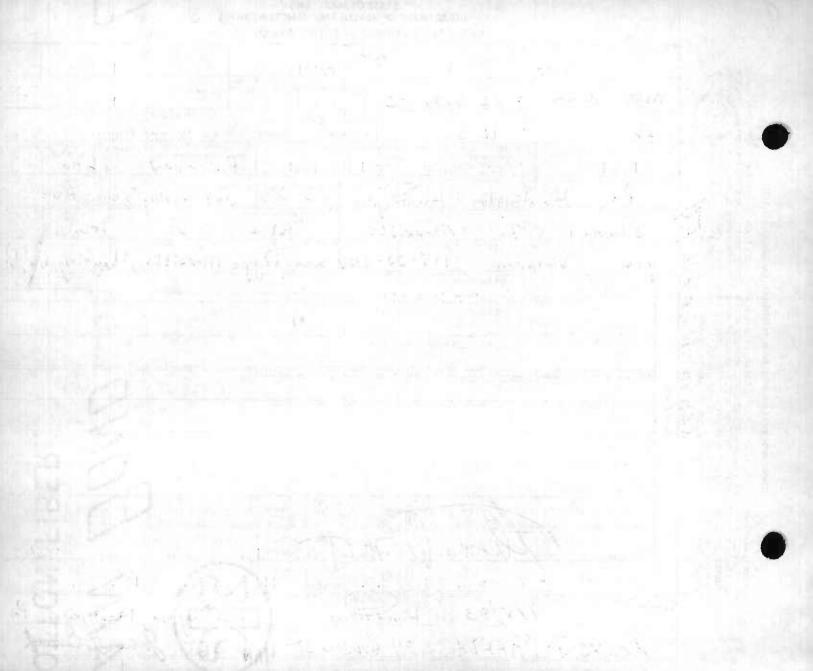
101	FOR		DEPAR		MARYLAND H AND MENTAL H	YGIENE 8	3 0	1 8	9 1
0	- STATE REGISTRAR		MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	REG. NO.		
	DECEASED NA	ME FIRST	WIDDIE		LUBIS	20. DATE	KNOWN MONI	TH DAY YEAR	2b. HOUF
.3. :	THE ORPRINT)	Mar	7		LWOIS	OF DEATH	MATED	4 1983	
3. :	SEX	4 RACE	5. DATE OF BIRTH		INDER 1 YR. IF UNDER				2d. HOUR
	Femile	W	11 08 62	- 6	THS DAYS HOURS	MIN PRONOUT	NCED	4 1983	222
70	BIRTHPLACE	Y)	76. CITIZEN OF WHAT COU	NTRY? 8. MAR	RIED NEVER MARRI	P. BALTIN	ORE CITY OR COU	NTY OF DEATH	
4	Pennsy	vlvania	USA	WIDO	7	- 11-	wird Co	untry	MD.
10	CITY OR TOW	N OF DEATH	11. NAME OF HOSPITAL, NI		HER INSTITUTION	12a USUAL OCCU	PATION TYPE OF WOR	12b. KIND OF BI	USINESS TRY
	Whi	mbil	Howard (Duchy Ger	neral Hooking		lomemaker	own ho	
130	SUAL RESIDENCE	E IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCY	Y OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRI	ess 💮	20759	
7	mà	00	with !	-twton	YES NO	86	57 Kex	20012 TY	2
A 14	FATHER'S NA	WE	MIDDLE	LAST	15. MOTHER'S MAIDE	NAME	NIDDLE	LAST	
4	Wasi1	_	I	Ishook	(unkno	wn)		LUCKING.	
160	LYES NO OR LINK	SED EVER IN U.S. ARM NOWN)	(AB OR DATES)		17. INFORMANT		ADDRESS	73	
L	N/A	N	/A 206	-16-1468	William	Lypis	Sume 1	as pt.	500
	18. CAUSE	OF DEATH (Enter only	one couse per line for (), (o), and (c).)	14.1	1 0		APPROXIMAT BETWEEN ONSE	E INTERVAL
	PARIT	DEATH WAS CAUSED		ggrune	15001	men	ue		
	140	292	DUE TO, OR AS A CO	SUSTINENCE OF S	/ '	/			
		rise to immediate	(b)	1000					
	couse	(a) stoting the <u>under-</u>	DUETO, OR AS A CO	NSEQUENCE OF			70.1		
	lysing c	ause last.	(c)			1			
		SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISE	ISE OR CONDITION GIVEN IN PAI	n/e	1		-111
2 Control of the cont			Caimi	e o usu	in me	ruy o	pseas	-	
	19a. DATE	OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?	1	4 - 3- 3-2	20. AUTOPSY	?
						100		YES 🗆	NO T
		NAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR	PART 2)	
1	CONTRIBU	TING CAUSE OF DE		19					
1	21d, INJUR	OCCURRED	21e PLACE OF INJUR STREET, FACTORY, FARM,		OCATION STREET	CITY OR TO	WAI (COUNTY	STATE
1	AT WORK	NOT WHILE		.,		CHT ON TO		.001417	JINIS
	22g ce	rtify that I took charge	of the remains described ob	ave, held on Auto	psy , Inspection	Inquiry	and in my	opinion	
	100000000000000000000000000000000000000	11	courses E. Agtide	Suicide L	Homicide .	Undetermined me		/	1
	0.00111163	//	- 1/	Joicide L	TITLE (SPECIFY)	Suderer mined mi	Annet 🔲	/	1
	ACTUAL	· Kley	with ICH	u Su	M D	MEDICAL EXAM	DAT		13
7		11/	1/	0	11	MEDICAL EXAM	NINEK SIG	NED ///	
-	EXAMINER (TYPE OR P	SNAME KEN	NETH 12	1726	ADDRESS / tow.	ARD COM	WIY GE	W. 150	51
234	BURIAL CREA	ATION, REMOVAL 23	b. DATE 23c.	NAME OF CEMETERY	ADDRESS 7	123d. LOCATION		OLULTA A	
	(SPECIFY) Buri			ransfioura	tion Cometer	CITY OR TOWN		ounty s	TATE PA
24		ector inaldi Fund	eral Home 11	800 N.H. A	ion Cemeter	REC'D BY REGISTRA	R 256 REGISTRAR	SIGNATURE	. //
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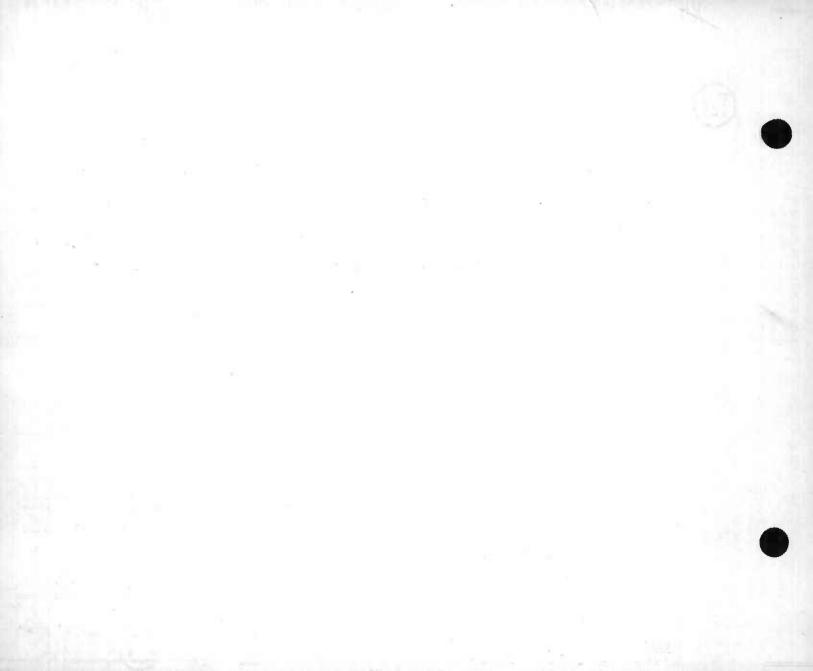
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

1		1-	FOR STATE REGISTRAR		DEPARTMENT OF HI	E OF MARYLAND EALTH AND MENTAL R'S CERTIFICATE	DEDEATH	1892
10	ASE OR. LES. JRS EET,		CEASED NAME FIRST ALM		COTT	MACK	REO. NO.	1-2 19 83 AM
	m	J. SE	emple Can	5. DATE OF BIRTH MONTH DAY January	16, AGE (IN YEARS 16, AGE (IN YEARS)	IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE MOR	3 1983 118 M
	世界の第十一	F A	RTHPLACE (STATE OR REIGN COUNTRY) TIZONA	USA		MARRIED NEVER MAI	RCED [Toward (County, MD.
	THE STEED A	74	Laurel	84381	PITAL, NURSING HOME, C CILITY GIVE STREET ADDRESSE Leishear Road	1	126. USUAL OCCUPATION (TYPE OF WILL FOR MOST OF WORKING LIFE) Typesetter	ORK 126. KIND OF BUSINESS OR INDUSTRY Printing firm
21201	SECOND STANDARD	13a. S	L RESIDENCE (IF IN NURSING HOME OF TAJE Md 13b COUNTY HOW	or other institution, GI	13c. CHARLEYN	13d. INSIDE CITY LIMITS? YES NO [8438 Leishear Ro	oad 20301
WD.	PAT SAT		THER'S NAME FIRST UNKNOW I		LAST	15. MOTHER'S MAI	unknown MIDDLE	LAST
BALTIMORE,	URS AFTER DE 8. GIVE PAGE: WITH FORM PAGES 1 AND DIVISION OF	16a. V	(AS DECEASED EVER IN U.S. ARI IS, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	219-12-48		apph Blanchfield same	e as above
RECORDS, 301 W. PRESTON ST.,	XECUTED WITHIN 24 HO G" IN PENCIL IN ITEM 1 CAL EXAMINER ALONG BURIAL: RANSIT PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL.	NO	PART I DEATH WAS CAUSE 4292 IMMEDIA Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. PART 2 DTHER SIGNIFICANT (DNDITIONS	(b) DUE TO, OR (c)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF RUT NOT RELATED TO THE TERMINA	L DISEASE DR CONDITION GIVEN IN	PART 1 (a).	
	E SHO VORD VORD BE US BE US RIAL,	CERTIFICATION	19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS	19b. CONDIT	ION FOR WHICH OPERAT			20 AUTOPSY? YES NO
DIVISION OF VITAL	CERTIFICA ING THE ED TO TI 3 SHOULD DEPARTME	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF I 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M DEATH P.M 21e. PLACE C	MONTH DAY YEAR	21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I C	COUNTY STATE
	TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 P		220. I certify that I taak charg	e of the remains des oil causes A. S.	cribed abave, held an Accident , Suicice Accident , Suicice Accident , Suicice Accident M		Undetermined manner .	ATE 1-3-83 GNED 1-3-83
	BP			36. DATE Jan. 6,198	33 Ivy Hill		Laurel, Marylai	
	OHMH - 17 (VR A15 ME (5)) 15M 7/77		PamDonaldson Fur	neral Home	e, Laurel, Mo	1 250. DAT	IAN 131983 John	I Coming



a				STATE OF MARYLAND											
Ж	11-	FOR STATE			DEPARTMENT OF HEALTH AND MENTAL HYGIENS 3									7 0	
/ 0		REGISTRAR									REG. N	NO.			
		CEASED NAM	E FIRST	WIDDLE			LAST			20 DATE 1	KNOWN X	HINOW	DAY YE	AR 2b HOUR	
교육대통 민			Edwar	d	F .		Merr	ills			MATED [2 19 8	33 M	
为公共支票	D. SE		4 RACE	5. DATE OF BIRTI	H YEAR	6 AGE IN YEAR	MONTHS D	YR. IF UNDE	R 24 HRS.	24. DATE	ICED	HTMOM	DAY YE	Zd HOUR	
2000	1	M	BLACK	3/6	11930	5-2 YRS	MONINS	HOURS	MIN.	DEAD		1	2 19 8	7:164	
2 E E	7 124	HTHPLACE IS	TATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO								OR COUN	TY OF DEATH	1	
#3	15	4A		U.S. WIDOWED DIVORCED Howard								d Cour	ntv.	MD.	
######################################	10 0	ITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NUR		OR OTHER IN	STITUTION	12a USU	JAL OCCUP	ATION (TYP	PE OF WORK	12b. KIND OF OR INDU	BUSINESS	
S PAGE		Columbia		Howard County General Hospital Policeman									hAw		
ANY DELA AND 3 TO RETAIN PA HOULD BE FECORDS		AL RESIDENCE	(IF IN NURSING HOME O		GIVE RESIDENCE	ON TOWN)	NSIDE CITY LIMITS?	13e. STR	EET ADDRE	SS	9999	9 1		
ANIE ANIE		TA	Hu	nopportu		untingo		NO [49 91	ANdENO	Ston	ve. HI	ve_	
MD	ALUE.	ATHER'S NAM		WIDDIE		LAST	15. N	AOTHER'S MAIL	DEN NAME	M	IDDLE		LAST		
H ANTEN	1	Edu	IARD	7.	Me	RRILLS		Juli	A		V-		Lewis	5	
PAR IN	160.	WAS DECEASE	DEVER IN U.S. ARA	AED FORCES?		IAL SECURITY		FORMANT			ADDRESS	1 .	r.	. 0	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD' "FENDING" IN PENCIL IN 1EM 18. GIVE AGESS, 2. AND SED TO THE CHIEF MEDICAL, EXAMINER ALONG WITH FORMAR, 3. RETAR 35 SHOULD BE USED AS A BURIAL. "TRANSIT PERMIT PAGES 1, AND 25 SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE."	3	yes	1/-1	NAM	195	- 22-	3869 >	rus - t	goie	MeR	Rills	, He	anting	CON MA	
E. B. C. B.	1	8 CAUSE C	F DEATH (Enter onl	y one cause per li	ne for (a), (b)	, ond (c).)			01				BETWEEN	MATE INTERVAL	
RESTON ST. IN 124 HOU IN 124 HOU IN 175M 18 SAIT PERMIT HYGENE. HYGENE.	2	112	MMEDIAT	E CAUSE (o)	ardiom	egaly									
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WITHIN 2 WITHIN 2 WITHIN 2 WINER ALL WAR REMOVE			ns, if ony, which ise to immediate	(b)							300				
OI W. PRE TED WITHI V PENCIL V AMINER AL-TRANK MENTAL I	9	cause (a) stating the <u>under-lying cause lost.</u> DUE TO, OR AS A CONSEQUENCE OF													
DS, 201 KECUTE SA, EXA				(c)											
CORDS, BE EXEC VDING: SA BUR REMATIN	3 -	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 No.													
ECORD BE EXE ENDING MEDICA AS A BU ACREMA	TION														
TALR POULD NSED OF HE	3/2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOF	'SY?				
E SHO WORD BE CHIE	# E										YES	X NO [
ION OF VITE WE TO THE WOULD BY ARRIVED BY AR	U	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)										4RT 2)			
CERTIFICATE TING THE V SED TO THE 3 SHOULD DEPARTMEI PRIOR TO	S	CONTRIBUTI	NG CAUSE OF D		M.	19	211 LOCATIO					- 65			
IVISION CERT	MEDICAL	21d INJURY	DCCURRED		E OF INJURY ACTORY, FARM, ET		STREET	N		CITY OR TOV	WN	co	YIMUC	STATE	
DIN THIS O WARDE WARDE PAGE 2 TATE D	1	AT WORK	NOT WHILE C												
W 2		22a. I certify that I took charge of the programme and the supplemental and the Autopsy (A), Inspection . Inquiry . Inquiry . , and in my opinion													
EXAMINER: CERTIFICATION BE FOR DIRECTOR: , WITH THE		deoth resulted fram: Notice No													
WIT WITH		ACTUAL	1	142	4	11 2	de	TTE (CPECIFY)							
A HE REAL TO A HEAD A H	-	SIGNATURE		ruco	nacy	1 10	WYN DE	puty Ch	<u>niefmed</u>	ICAL EXAM	INER	DATE		1/3/83	
PE S S S S S S S S S S S S S S S S S S S		EXAMINER'S	NAME (T1	D 0 .		A			0.1	-	1.1	140		
TO MEDICAL EXAM EXECUTE THE CRRITE POSE A SHOULD BE POSE A SHOULD BE AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PR	NT)	Thomas		th, M.	71001			nn St.	Re	alto.	, MD.		
EXE EXE PACI BAIL	2307	SPECIFY)	TION, REMOVAL 2	3b. DATE /8	23c. N	AME OF CEME		MATORY	23d. LC	CATION OR TOWN		COU	TIME	STATE D	
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and call should be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

/		FOR STATE REGISTRAR		•	NT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 8 9 6
	1 DE	CEASED NAME FIRST	n L		Seu	n ders	January 13, 198	20 1100K
	3 SE	x Male	White		NOV.	3, ⁰ 1901 YEAR		FUNDER LYEAR IF UNDER 24 HRS ONLYS DAYS HOURS MIN
109		RTHPLACE STATE OR FOREIGN OUNTRY, YORK	U S A		MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF Howard County	DF DEATH MD.
181	C	olumbia	Howard Co	unty Gen	erel	Hospital	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY. CO.
36	130 9	AL RESIDENCE (IF NURSING HOME O STATE TYLAND	R OTHER INSTITUTION, GIVE NTY USC	RESIDENCE BEFORE AD		136 INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 9651 White Acre	Rd. 21045
130	14 FA	Samuel	MIDDLE Sau	nders		15 MOTHER'S MAIDEN NAM	WIDDIE	LAST
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or other troumotic event, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE 70 70 Conditions, if any, which gave rise to immediate cause io, stating the	DUE TO, OR AS	Jept A CONSEQUENCE	CEOF	nia Cecubiti		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GUGG
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or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	A111	JURY MONTH DAY	YEAR 19	21c. HOW INJURY OCCURR	YES NO YES ED (ENTER NATURE OF INJURY IN ITEM 18, PAR	
morkedor	MEDICAL	216. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, FARA	A, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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NT: If Rem		The SIGNATURE	May	, la			MEDICAL STAFF DIRECTOR PHYSICIAN	1-13 83
MPORTANT		Charles G.T.	aller m			5949 Herror F	Emke Cohunt	his mo may
	23a. E	BURIAL, CREMATION, REMOVAL SPECIF Cremation	1/14/83			EMETERY OF CREMATORY W Crematory		ounty STATE

JAN 17 198.

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24 FUNERAL DIRECTOR 5555 Twin Knolls Rd., Columbia, Md Witzke Columbia Funeral Come, P.A. 21045

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other traumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

<i>Y</i> 1	FOR STATE	DEPA	RTMENT OF HEALT	H AND MENTAL HYG	IENE O O	UI	0 7 /
	REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO	0.	
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	PA.	115A.	WIDOWED	DIVORCED [Howar	d	MD.
10 C		11. NAME OF HOSPITAL, NUE	RSING HOME OR OT		120 USUAL OCCUPATI		O OF BUSINESS OR
	HOLDAK DIGON	4 Gen Ho	DP (OLUMBIA	CAGINERY	WORKING WEET INDUSTR	Finchouse
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,	10 177	177 - 24	4-2879 MI	s Barbara W	. Schlegel	Columbia 1	nd 21046
	18 CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b)	, and Ic .	1		APPR	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY:	eardial)	infricti	en		
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	Conditions, if any, which	(b)	QUENCE OF	_		75.5	
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	underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF				
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	Mai
NO							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WA	SPERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	
Ĭ					YES NOT	IN CERTIFYING CAUS	NO
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢.	HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2	2)
	OR CONTRIBUTING CAUSE OF DEAT {IF EITHER, NOTIFY MEDICAL EXAMINER}	HOUR A.M. MONTH	DAY YEAR				
EDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211.	LOCATION		100	
ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TOV	AN COUNTA	STATE
	220.1 certify that (1) (this hospite	al) ottended the deceased fro	m_1/3/	93 19	ta	19	, that (I) (we) last
100	saw the deceased alive on above (I) (we) (did) (did not			in (my) (our) opinion o	deoth accurred on the do	ate and hour and from t	
	22b. SIGNATURE	view the bady after death.	↑ DEGR	EE .		22c. DA	TESIGNED
	1/1/1/2	all Donou.	1/1. M	ATTENDING	MEDICAL STAI	FF DET	10/02
	22 PHYSICIAN'S NAME THE FOR	PRINCES	1220	ADDRESS	DIRECTOR PHYSIC	IANGE	8/0)
	DUFFORD	1. MALANON	1912, UR.	HOWARD	COUNTY (SENERAL	HOSPITAL
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION		
(SPECIFYD	1-13-83	5220-12 110	Cometery	Ole VI Town	machin country to	Da
24. F	WUFTA DIRECTOR	11000	- points ville	250. DATE	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	IATURE
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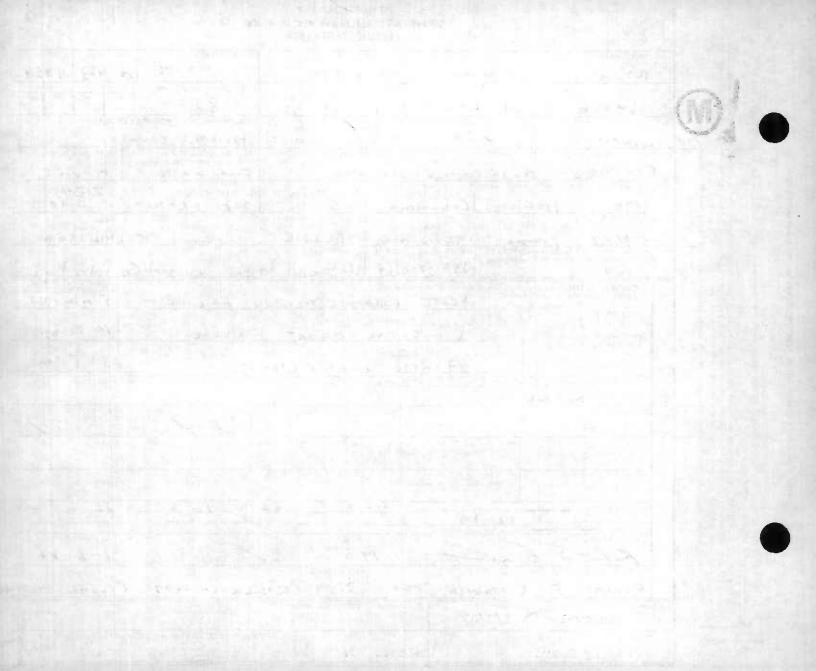
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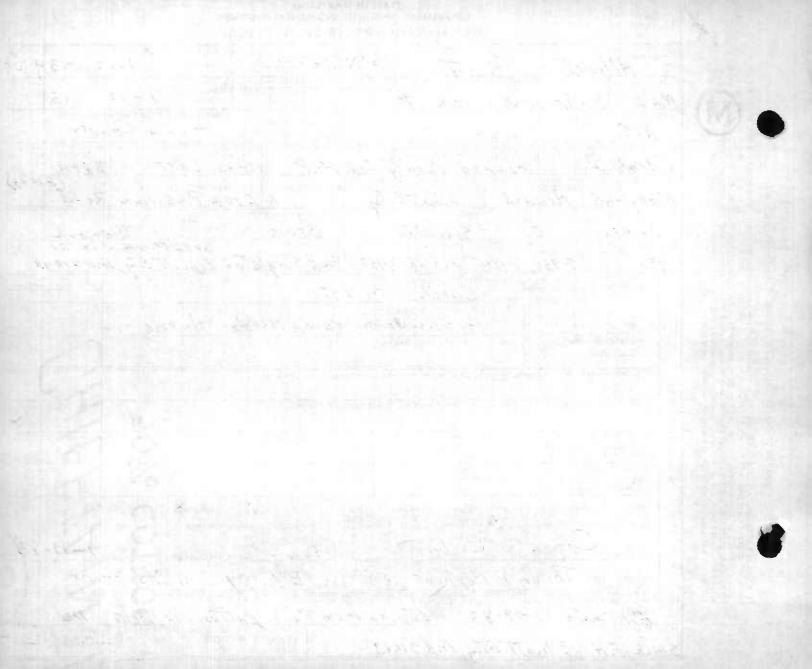
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· ·	C	OUNTRY)	V	5A	MARRIED	NEVER A		Hounes	COUNT		
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er		couse (o), stoting the	DUE TO, C	R AS A CONSEOU	ENCE OF					15 X	ENES
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CT .	Ē	- Colores						YES TO NOT	YES		NO NO
7	CER	21a. ACCIDENT WAS UNDERLYING				21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	T I OR PART 2)	
EQX.		OR CONTRIBUTING CAUSE OF I	PEAIN	.M. MONTH D	AY YEAR						
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nork		AT WORK		1	E7 -	7	C.		/	. ()	
.s		22a. I certify that (I) (this has sow the deceased alive			(-2		(our) opinion	deoth occurred on the o	<u> </u>		hot (I) (we) lost
n 2		obove, (I) (we+(did) (did	not view the body	ofter death.			(tang opinion i		ore one nour c		A LONG THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PA
i e		22b. SIGNATURE				EGREE	TTENDING	MEDICAL STA		22c. DATE S	SIGNED
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MPORTANT: H		22d PHYSICIAN'S NAME (TYP	E OR PRINT)			22e ADDRES	SS				
T		ROBERT 5	5000	WIN M	1.0	7154	CRAD	wrock h	MY C	CLUMB	111, Mo2104
<u>x</u>	23n F	BURIAL, CREMATION, REMOV			NAME OF CE		CREMATORY	23d. LOCATION			
	(SPECIFY) Removal	1/6/		TOTAL OF CE	METERI OR	CHEMAIORI	CITY OR TOWN	C	OUNTY	STATE
	24 51	JNERAL DIRECTOR					250 DATE	ERECID. BY REGISTRAN	125h DECICTO	D'S SIGNIATI	(DE
77	24 1	NAME		ADDRESS		4.3	Tou. DA	ATV 1 2 1983	TOU. KENDISTRA	LL SIGNATURE	Concell
		Anatomy Boar	a	Ba.	Lto., I	Id.			11		7

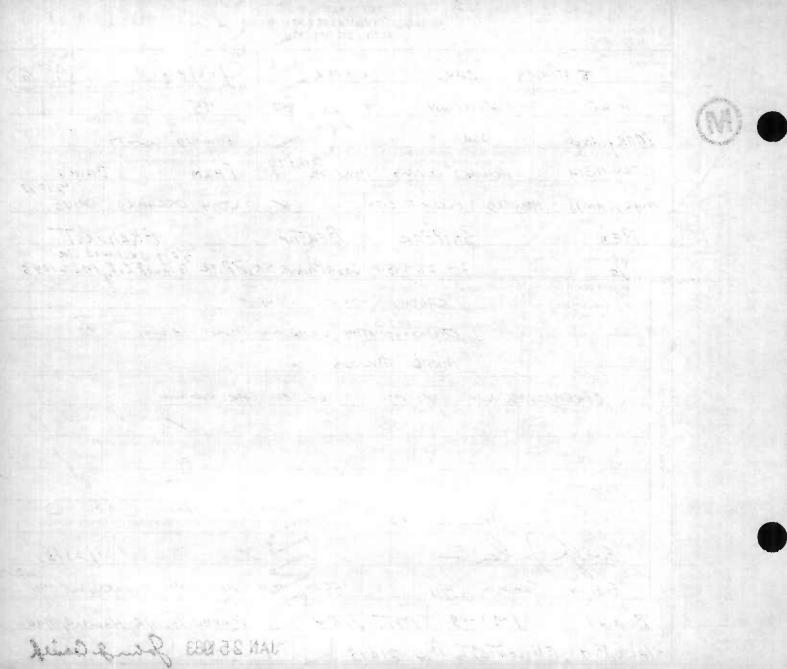
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 1 8 9 8

CERTIFICATE OF DEATH

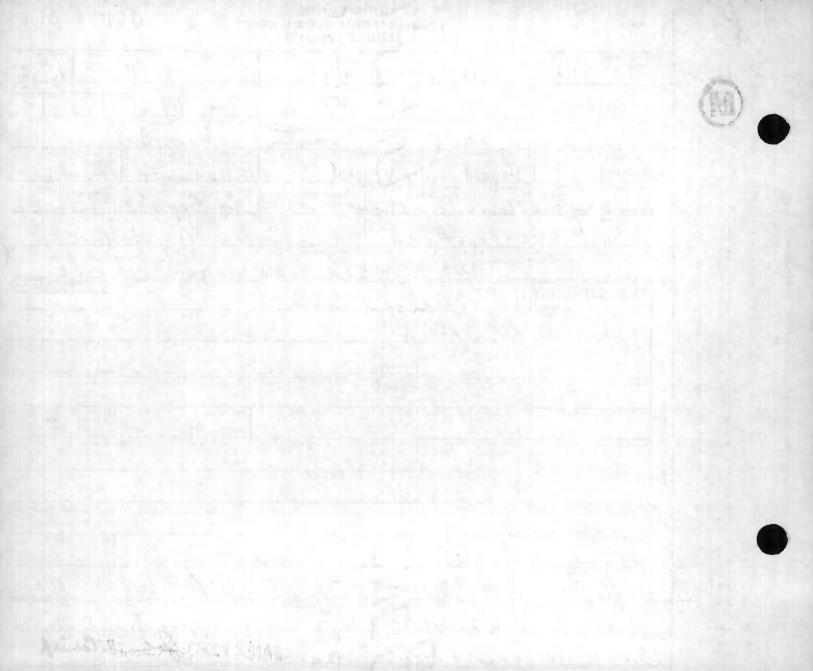




		1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		B 3	0	1 9	0 0
m.s			CEASED NAME FIRST OR PRINT)	0.90	MIDDLE	L	AST	2a	DATE OF DEATH M	ONTH DAY		HOUR
Page 7 Pe			THOM.	45	CARL	SK	IPPER		1/23/83			939 OM
8 87-		3. SEX		4 RACE		5. DATE C		6. A	GE (IN YEARS LAST BIRTHD	AY) IF U		UNDER 2 HRS
-			MALE		ASIAN	7		57	75	YRS.		
	25	A BII	RTHPLACE ISTATE OR FOREIGN WARY AND	4.34	WHAT COUNTRY?		NEVER MARRIE		HOWARD	COUNTY OF		MD.
s offer by the lifted	31		COLUMBIA	11. NAME OF (IF NOT IN SUI	HOSPITAL, NURSING THE FACILITY, GIVE STREET	ADDRESS)	DIVORCE ROTHER INSTITUTION 2 104	12a.	USUAL OCCUPATION TO F WORK FOR MOST OF W		126. KIND OF EINDUSTRY	USINESS OR
24 hours	25	13a. S	LE RESIDENCE (IF NURSING HOME OF TATE 136 COURS	ROTHER INSTITUTION	1-9-7	ADMISSION)	13d. INSIDE CITY LIM		STREET ADDRESS	CHARD	DRIV	21043
mpletely ond 2 sh	31	_	THER'S NAME	MIDDLE	SKIPP		15 MOTHER'S MAID FIRST BENTL		MIDDLE	Ake	L LAST	
e execute n and can Pages 1 c			(AS DECEASED EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECU 2/4-22-0		17 INFORMANT SesaPhini	z Skil	PPAR EI	4 BRCH	and DI	21045
201 W. PRESTON S s, that the death ce ed by the attending please remove carbo irral, cremotion, or re			Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((b)	RAS A CONSEQUE	HOPAN STEN	10515		TEART FAIL			
sign sign hen to bu		N	CEREBRO!				RECTI		ARCINOMA		IN PART Ha	
he law re on. has been t permit. I ene prior	2	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	2		Ob. IF YES, W	ERE FINDING	
DIVISION OF VITAL NG PHYSICIAN: The offer this certificate has the burial-transit in no and mental Hygies prived or frem 18 sho	9		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A	DE INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY I	N ITEM 18, PART	OR PART 2)	
UG PHYS offendir frer this os the bu h and M		MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
R ATTENDIN haspital or RECTOR: Al			22a.l certify tha (II) this haspi saw the deceased alive an abave, (I) (we) (did) (did no	1/21	19	0.0	d that in (ny)(aur) a	grapinian death	to 1/23			(we) last uses stated
- P 0 9 4 0 4 7			22b. SIGNATURE	alen	<i>(</i>	(DEGREE ATTEND PHYSIC	DING M	EDICAL STAFF RECTOR PHYSICIA	N 🗆	22c. DATE SIC	183
O HOSPITAL etoined by to FUNERAL should be defined the Stote with the Stote	1		EVBLYN J	TACKS ON	, ans.		220. ADDRESS 5540	TEN O	DAKS ROAD	CLAK	KSVILLE	2102
BP		23a B	URIAL, CREMATION, REMOVAL Burial	236. DATE 1-27	-83 M		METERY OR CREMA		ATARROTTSU	ille A	INTY FOWBAD	STATE Mad.
DHMH - 16 50M 7/77			NERAL DIRECTOR	,	ADDRESS		2	So. DATE REC	D. BY REGISTRAR 25	GIETRAF	S SIGNATUR	•. 4



STATE OF MARYLAND



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1		
1	- 3	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3	0	-	9	0	2

1	REGISTRAR	4		CERTIF	ICATE OF DEATH	REG. NO.		
	PE OR BRINITI	sbeth Mei	er Stieg		ASI	January 26,		2b. HOUR
3. SE	EX	4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDA		
	FEmale	White		June	30, DAY 1904 FEAR	78	YRS. MONTHS DAY	S HOURS MIN.
G	BIRTHPLACE (STATE OR FOREK COUNTRY) Bermany	U.S	WHAT COUNTRY?	WIDOW		BALTIMORE CITY OR COL	OUNTY OF DEATH	MD.
	CITY OR TOWN OF DEATH	Route	2151 Syke	svill	e Md 21784	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
Ma		HOME OR OTHER INSTITUTION COUNTY HOWARD	N. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS ST	kesville	Md 21784
14. F	ATHER'S NAME FIRST	WIDOLE	Beier		15. MOTHER'S MAIDEN NAM	WE		LAST
	WAS DECEASED EVER IN L		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
	(YES, NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	14 KS 20 L		Ann Stiegler	2151 Route	32 Sykesv	ille 2178
NO	Conditions, if ony, wh gave rise to immedicouse (a), stating underlying couse la	oich (b)_ ate the DUE TO, (c)_	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			(US))A(U
CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINE PCERTIFYING CAUSI YES [
MEDICAL CER		E OF DEATH HOUR A XAMINER) 21e. PLACE (AT HOME. S	P.M. OF INJURY TREET, FACTORY, OFFICE, FA	1-2	211. LOCATION STREET 19 nd that in (my) (aur) apinion a	CITY OR TOWN 10 1-26 death occurred on the date of t	COUNTY	STATE Tha (II)(we) last ne causes stated
	22b. SIGNATURE 12d. PHYSICIAN'S NAME	TYPE OR PRINT) THE CE	Sun	nek	DEGREE MAN ATTENDING PHYSICIAN 1220 ADDRESS 3459 570	MEDICAT STAFF	_ /	- 28-13 - 28-13
23a	BURIAL, CREMATION, REM		- 12	AME OF C	EMETERY OR CREMATORY	123d LOCATION	LUCUII	Cerl
	Burial	Jan 29	,1983	Lorra			Baltimore,	MaryTand

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed

etoined by the hospital

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows any injura should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

Harry H Witzke 4112 Columbia Rress Ellicott City

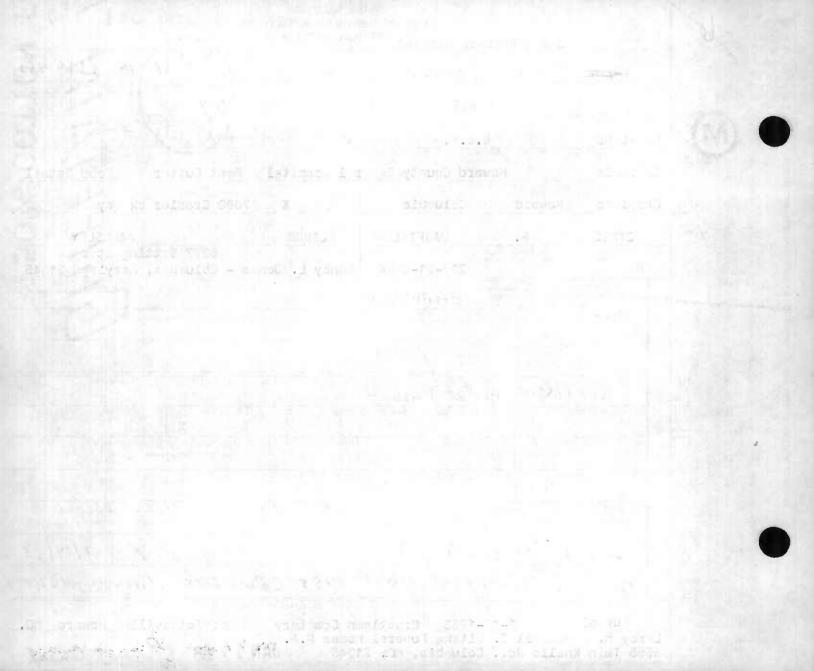
250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	Figure 10, 1000		Minis
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	UNTIL R SIZIVON	ji we ilek Br	
Sign on all common 1:15 whole		STAR A	tual conf.
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Mary records	Atel solvatu		Les of
		September 20 Side of	

STATE OF MARYLAND

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/		FOR		STATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 8 3	01904
0	1.	STATE REGISTRAR	s Richard Warfield		REG. N	
14.		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 28 HOUR
7.5	(TYPI	OR PRIM!	mes Kichard 1	warfield		1 14 83 4:45AM
	3. SE	X		ATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		Nale	₩ HITE	8 07 1913	69	YRS.
RI		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH
2	-	ARYLAND ITY OR TOWN OF DEATH	U.S.A. WIE	DOWED DIVORCED	120 USUAL OCCUPATI	ION 126 KIND OF BUSINESS OR
21		olumbia	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Howard County Ge	is)	(TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUSTRY
- 2			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	SION)	Meat Cutt	er Food Retail
35	0.0	aryland Howa		134 INSIDE CITY LIMITS?	7080 Cradl	erock Way 21045
2.	14 F/	ATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN NA	AME	
50		JAMES	R. WARFIELD	ELINOR	WIODLE	BARNSLEY
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY I			etting Star
1		NO	217-01-4004	Nancy L. Jor	es - Columb	Dia, Maryland 21045 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, or other troumotic		Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH	OF	AINAL DISEASE OF CON	DITION GIVEN IN PART 1:0
Gold	NO	CONGEST		RE	WAL DISEASE ON CON	DINOR ONER INT ART TIG
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
9		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DAY	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
1	MEDICAL	(IFEITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	21f. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
		saw the deceosed alive o	poital) ottended the deceased from 19	_ and that in (my) (our) opinion	death accurred an the de	ate and haur and fram the causes stated
		DWO 1. I	Dolpeta MP		MEDICAL STAR	FF 1/14/83
1		DINO J.	DELAPORTAS, MD	220. ADDRESS CE	DAR LANE	, Cohnelsia, MD 21044
2	23a. I	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
-		Burial	1-17-1983 Crest	lawn Cemetery	Marriott	
31	5!	Toy Two Russes	ell C. Witzke Funera Rd., Columbia, MD.	21045 P.A. 256. DA	N 1 7 198	256 REGISTRAR'S SIGNATURE



Till State of the little of th 0.00 0 1 X Annual train 217 05 Dans | Drond .. White same as above ustal Jan 4,1943 Saon - Constress and carylan one) the unreal lone, surel, Martlen. FOR

must be notified of on

MPORTANT: If Item 21 is morked at Item 18 shows any injury, at other traumatic event, the medical examiner

MEDICAL CERTIFIC

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

Ή	MONTH	DAY	YEAR	26 HOL
	1	27	83	7:

	1 DECEASED NAME FIRST	WIODIE	LA	ST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
-	Edwa	ind D.	h	lilder	1 6	2783	7 30 M
A١	3 SEX	4 RACE	5. DATE O	F 8IRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
J	male	white	MONTH	28 20	62 YRS	MONTHS DAYS	HOURS MIN
17	70. BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
5	Kentucky	U.S.A.	WIDOWE		Howard	Co.	MD.
31	COLUMN OF DEATH	11. NAME OF HOSPITAL, NURSING		HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		BUSINESS OR
11	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 1136 COUN			13d INSIDE CITY LIMITS?	1	1	
أري	mD. Ho		bia	YES NO	6618 Allvien	Dr. 2	1046
2	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		
) (late Roy Wilde	er		Freida	Balsinger	LAST	
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUR		17 INFORMANT Mrs Frances	Wilder 6618 All	viewDr.	21046
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and		(10	1 770/6	APPROXIA BETWEEN O	AATE INTERVAL INSET AND DEATH
		TE CAUSE (O) GENERA	1126	D (ALCINO	matosis	. ,	
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE		OF CEC	um	4 m	ONTHS
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				
	underlying cause lost.	(c)	INCL OF				Tellar.
	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110	
	O N						
-	4 19a DATE OF OPERATION	196 CONDITION FOR WHICH O	OPERATION	WAS PERFORMED	20g AUTOPSY? 20b. IF Y	ES. WERE FINDIN	GS USED

190 DATE OF OPERATION 9-1-82	CALLINOMA, CECUM		200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART 1 OR PART	2)
21d INJURY OCCURRED WHILE OF WHILE OF WORK OF WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE

. 19 the , and that in (my) (007) apinion death accurred on the date and hour and from the couses stated sow the deceased alive an_ above, (1) (we) (did) (did not) view the body after death

226. SIGNATURE	111 01	-	DEGREE	/	22c. DATE SIGNED
	1 Minu	w	NV)ATTI	ENDING MEDICAL STAFF	1-27-8

21043

230 NAME OF CEMETERY OR CREMATORY Meadowridge 23d. LOCATION CITY OF TOW HOWARD, Maryland STATE 23a. BURIAL, CREMATION, REMOVAL 236 DATE 29'83 (SPEC Burial Jan.

Harry MH Witzke 4112 Columbia Rd = Ellicott City

28 P

BP.

and two back in go'es .mm; Jan's H

lane Joyo Wilder Com